

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096926

1. Entity Name EPC OF PINELLAS PARK, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 015 ***150.00

Principal Place of Business 5265 Park Blvd, Suite 103
Pinellas Park, FL 33781

Mailing Address 5265 Park Blvd, Suite 103
Pinellas Park, FL 33781

2. Principal Place of Business 3. Mailing Address

5265 Park Blvd.
Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, FL

City & State

4. FEI Number
58-2513844

Applied For
Not Applicable

Zip Country
33781 USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRED H. HALE
5650 Park Boulevard
Pinellas Park, FL 33781

Name
EVELYN E. CARY
Street Address (P.O. Box Number is Not Acceptable)
5265 Park Blvd, Suite 103
Pinellas Park, FL
City Pinellas Park FL Zip Code 33781

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE EVELYN E. CARY, President

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D Evelyn E. Cary	4385 76th Terrace North	Pinellas Park, FL 33781	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PDST	EVELYN E. CARY	4385 76th Terrace North	Pinellas Park, FL 33781	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn E. Cary, Pres. 5/1/00 (727) 541-7716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)